

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

For Official Use Only

JUL 28 2005

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>B 789</u>	2. Fiscal Year Covered From: <u>01 / 01 / '04</u> Through: <u>12 / 31 / '04</u>
3. Name and address of person filing. Name <u>RONALD J. POMMERENING</u> P.O. Box, Bldg., Room No., if any <u>Suite - 17-A</u> Street <u>2350 NORTH FOREST RD.</u> City <u>GETZVILLE</u> State <u>N.Y.</u> ZIP Code + 4 <u>14068</u>	4. Name, file number, and address of labor organization. Name <u>BRICKLAYERS - LO. #3 - N.Y.</u> Labor Organization File Number <u>542-241</u> P.O. Box, Building and Room Number, if any <u>Suite - 17-A</u> Street <u>2350 NORTH FOREST RD.</u> City <u>GETZVILLE</u> State <u>N.Y.</u> ZIP Code + 4 <u>14068</u>
5. Position in labor organization. <u>FIELD REPRESENTATIVE / ORGANIZER / FUNDS TRUSTEE</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)		
Signed <u>Ronald J. Pommerening</u>	On <u>07-25-05</u> Date	<u>(716) 636-6100</u> Telephone Number

Name of Person Filing <u>RONALD J. POMMETENING</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name B.A.C. Co. #3 - N.Y. Reg. CHARTER

Trade Name, if any: ROCHESTER FUNDS

P.O. Box, Bldg., Room No., if any

Street 3750 MONROE AVE.

City PITTSFORD

State N.Y.

ZIP Code + 4 14534

14.a. Nature of payment.

ITEM OF VALUE:

REIMBURSED FOR (2)

EDUCATIONAL PROGRAMS

13.b. Is the Business an Employer

or Consultant ☐ ?

14.b. Amount of payment.

6,970.⁰⁰

Name of Person Filing <u>RONALD J. POMMERENING</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name CHAMBERLAIN D'AMONDA

Trade Name, if any: FUNDUS ATTORNEY

P.O. Box, Bldg., Room No., if any

Street 1600 CROSSROADS BUILDING

City ROCHESTER

State N.Y. ZIP Code + 4 14614

14.a. Nature of payment.

ITEM OF VALUE
GOLF

13.b. Is the Business an Employer

or Consultant ☒ ?

14.b. Amount of payment.

VALUE

70.00

Name of Person Filing

RONALD J. POMMERENING

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

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Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name THE SEGAL COMPANY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1 - PARK AVE.

City N.Y. - N.Y.

State N.Y. ZIP Code + 4 10016

14.a. Nature of payment.

ITEM of VALUE:

GOLF - DINNER - DRINK
PUERTO RICO
CONFERENCE

13.b. Is the Business an Employer

or Consultant ☒

14.b. Amount of payment.

VALUE

103.85



BRISTOL HARBOUR

Liquid Bar - Puerto Rico - 4/25/04
\$103.85 per Trustee in attendance

The Segal Company
Bob Nesvigne
BT Sg

Name of Person Filing <u>RONALD J. POMMERENING</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

VALUE:

GOLF OUTING

14.b. Amount of payment.

VALUE

80.00

13.b. Is the Business an Employer

or Consultant

☒

Part B

Name of Reporting Employer: Segal Advisors, Inc.		File Number B-	
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Check Item Number (from Page 2) to which this Part B applies	ITEM B.a <input checked="" type="checkbox"/>	ITEM B.b <input type="checkbox"/>	ITEM B.c <input type="checkbox"/>	ITEM B.d <input type="checkbox"/>	ITEM B.e <input type="checkbox"/>	ITEM B.f <input type="checkbox"/>
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B.a. <input checked="" type="checkbox"/> Agreement <input type="checkbox"/> Payment <input type="checkbox"/> Both B.b. Name and address of person with whom or through whom a separate agreement was made or to whom payments were made. Name: SEGAL ADVISORS, INC. P.O. Box, Building and Room Number, if any: _____ Street: 100 WALL STREET City: NEW YORK State: NY ZIP Code + 4: 10038	B.c. Position in labor organization or with employer (If an independent labor consultant, so state). B.d. Name and address of firm or labor organization with whom employed or affiliated. Organization: LOCAL #3 NEW YORK - DISTRICT COUNCIL P.O. Box, Building and Room Number, if any: _____ Street: 100 WALL STREET City: NEW YORK State: NY ZIP Code + 4: 10038																		
10.a. Date of the promise, agreement, or arrangement pursuant to which payments or expenditures were agreed to or made. 10.b. The promise, agreement, or arrangement was: <input type="checkbox"/> Oral <input checked="" type="checkbox"/> Written <input type="checkbox"/> Both <small>("Written agreements entered into during the fiscal year must be attached.")</small>	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:33%;">11.a. Date of each payment or expenditure (mm/dd/yyyy).</th> <th style="width:33%;">11.b. Amount of each payment or expenditure</th> <th style="width:33%;">11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)</th> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </table>	11.a. Date of each payment or expenditure (mm/dd/yyyy).	11.b. Amount of each payment or expenditure	11.c. Kind of each payment or expenditure (Specify whether payment or loan, and whether in cash or property)															
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12. Explain fully the circumstances of all payments, including the terms of any oral agreement or understanding pursuant to which they were made. <div style="border: 1px solid black; padding: 10px; min-height: 100px;"> Participation in the Segal Advisors 2004 golf tournament </div>																			



WHAT MUST BE REPORTED?

I have enclosed the DoL instructions for filing the LM-30 and I do not want to duplicate in this letter those instructions. If you have specific questions concerning whether a payment is reportable you may contact me or you may check the DoL Website for guidance. (<http://www.dol.gov/esa>) A great deal of the discussion concerning the obligation to report involves the obligation of officers or employees who are also trustees on multiemployer benefit funds. The DoL has taken the position that an individual required to report must report receipt of anything of value (greater than \$25.00) from either the benefit trust or from any employer seeking to do business with the benefit trust.

The LM-30 requires for disclosure of three types of payments or gifts. On Part A of the LM-30, the officer or employee must report any economic benefit of monetary value received by the officer or employee, his or her spouse and his or her minor child from any employer employing members of the union (other than wages and benefits paid to the individual by virtue of providing services to the employer).

On Part B, the reporting officer or employee must report any ownership interest the reporting person or his or her spouse or minor child has in a company any substantial part of the business of which company deals with an employer employing members of the labor union. Also required to be reported on Part B is any economic benefit received from a business any part of which involves dealing with the labor organization or a related trust. It is important to note on this point that the DoL has made clear that it is not simply looking for illegal payments but expects all transaction having a monetary value greater than \$25 to be reported even if the transaction is appropriate. Therefore, if you are required to report because you are an officer or an employee of the union, you must report any economic benefit (e.g. free tickets to a sporting event, gift, meal, round of golf) received from any investment manager, accountant, attorney, actuary, investment consultant which provides benefits to the union or to any related benefit trust.

Chamberlain D'Aminda has reviewed its records and, to the best of our recollection, the only reportable transaction during 2004 with respect to the BAC Local 3 Funds was the golf outing at Irondequoit Country Club following a Trustee meeting. The value of a round of golf was \$70.00.

Part C requires a report of anything of value received from any employer (including a